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Application Number	10/017,232
Filing Date	12/13/2001
First Named Inventor	LaCroix
Art Unit	
Examiner Name	
Attorney Docket Number	2115015US1AP

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Butch Carter, President		
Signature	<i>Butch Carter</i>		
Date	4/25/04	Telephone	416 203-2442

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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